

PLAYER ROSTER, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree, and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to the other players and me and may result in serious injury or death.
4. I understand that the very nature of the game of softball is hazardous and risky. Including but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which may cause serious injury or death to myself and other players.

Further, I understand the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league.

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated. (b) While serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my own team, and (c) while on or upon the premises of any or all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field owner or other entity designated below, the Amateur Softball Association of America, or their owners, officers, agents, associations, employees or any person or entity connected with the team or league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

I hereby give the City of Lodi, and the Parks and Recreation Department full permission to use, publish, and copyright photographic prints or other reproductions from all negatives made of me, either in conjunction with or without using my name for publication, promotion, advertising, or display purposes.

	NAME (PLEASE PRINT)	SIGNATURE	STREET ADDRESS, CITY, ZIP (no postal boxes)	AGE	PHONE	TEAM LAST YEAR	CITY LIMITS RESIDENT YES or NO
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